HOUSING OPPORTUNITIES WITHIN THE
FAIRFAX COUNTY ZONING ORDINANCE (Sept 2013)

The following is a brief summary of the currently available opportunities to provide for housing, either on a permanent or temporary basis, as set forth in the Zoning Ordinance. The provisions identified below are excerpted from the Fairfax County Zoning Ordinance; however, additional provisions of the Zoning Ordinance and/or other codes, regulations or ordinances may also apply.

1. ASSISTED LIVING FACILITY

Defined:
A facility for persons who are unable to live independently that provides: (a) private living quarters, which may include kitchen facilities limited to a sink, refrigerator and/or microwave, (b) supervision and general care, including but not limited to the provision of meals, housekeeping, health care, and (c) assistance with moderate activities of daily living. For purposes of this Ordinance, an assisted living facility shall be deemed a MEDICAL CARE FACILITY.

Applicable Zoning Regulations:
The medical care facility is typically a Category 3, Quasi-Public Use Special Exception
Use is permitted by right in all P-Districts when shown on an approved development plan
Use is permitted by special exception in the R-E through R-MHP Residential Districts,
C-1 through C-9 Commercial Districts, and I-1 through I-6 Industrial Districts
The use is regulated by the floor area ratio maximum specified for the district.
Parking is 1 space per 3 residents plus 1 space per employee.

Additional Standards/Use Limitations:

1. In its development of a recommendation and report as required by Par. 3 of Sect. 303 above, the Health Care Advisory Board shall, in addition to information from the applicant, solicit information and comment from such providers and consumers of health services, or organizations representing such providers or consumers and health planning organizations, as may seem appropriate, provided that neither said Board nor the Board of Supervisors shall be bound by any such information or comment. The Health Care Advisory Board may hold such hearing or hearings as may seem appropriate, and may request of the Board of Supervisors such deferrals of Board action as may be reasonably necessary to accumulate information upon which to base a recommendation.

2. The Advisory Board, in making its recommendations, and the Board of Supervisors, in deciding on the issuance of such an exception, shall specifically consider whether or not:

   A. There is a demonstrated need for the proposed facility, in the location, at the time, and in the configuration proposed. Such consideration shall take into account alternative facilities and/or services in existence or approved for construction, and the present and projected utilization of specialized treatment equipment available to persons proposed to be served by the applicant.
   B. Any proposed specialized treatment or care facility has or can provide for a working relationship with a general hospital sufficiently close to ensure availability of a full range of diagnostic and treatment services.
   C. The proposed facility will contribute to, and not divert or subvert, implementation of a plan for comprehensive health care for the area proposed to be served; such consideration shall take into account the experience of the applicant, the financial

resources available and projected for project support and operation, and the nature and qualifications of the proposed staffing of the facility.

3. All such uses shall be designed to accommodate service vehicles with access to the building at a side or rear entrance.

4. No freestanding nursing facility shall be established except on a parcel of land fronting on, and with direct access to, an existing or planned collector or arterial street as defined in the adopted comprehensive plan.

5. No building shall be located closer than 45 feet to any street line or closer than 100 feet to any lot line which abuts an R-A through R-4 District.

6. In the R-E through R-5 Districts, no such use shall be located on a lot containing less than five (5) acres.

7. For hospitals, the Board of Supervisors may approve additional on-site signs when it is determined, based on the size and nature of the hospital, that additional signs are necessary in order to provide needed information to the public and that such signs will not have an adverse impact on adjacent properties. All proposed signs shall be subject to the maximum area and height limitations for hospital signs set forth in Article 12. All requests shall show the location, size, height

2. CONGREGATE LIVING FACILITY

Defined:
A facility which provides housing and general care on a permanent or temporary basis including the provision of supportive services, such as special care, treatment and training, in a supervised setting with on-site counselors and/or other staff. This term shall not include a group housekeeping unit, GROUP RESIDENTIAL FACILITY or ASSISTED LIVING FACILITY.

Applicable Zoning Regulations:
The congregate living use is typically a Category 3, Quasi-Public Use Special Exception
Use is permitted by right in all P-Districts when shown on an approved development plan
Use is permitted by special exception in the R-C through R-MHP Residential Districts and the C-1 through C-4 Commercial Districts
The use is regulated by the floor area ratio maximum specified for the district.
Parking is 1 space per 3 residents plus 1 space per employee

Additional Standards/Use Limitations:
Congregate living facilities located in a building, which but for its institutional use would be a single detached dwelling, shall comply with the applicable single family detached minimum yard requirements of the zoning district in which located. Such facilities located in any other structure shall be located no closer than 45 feet to any street line or closer than 100 feet to any lot line which abuts an R-1 through R-4 District.

3. GROUP RESIDENTIAL FACILITY

Defined:
GROUP RESIDENTIAL FACILITY: A group home or other residential facility, with one or more resident counselors or other staff persons, in which no more than: (a) eight (8) mentally ill, intellectually disabled or developmentally disabled persons reside and such home is licensed by the Virginia Department of Behavioral Health and Developmental Services; or (b) eight (8) intellectually disabled persons or eight (8) aged, infirm or disabled persons reside and such home is licensed by the Virginia Department of Social Services; or (c) eight (8) handicapped persons reside, with handicapped defined in accordance with the Federal Fair Housing Amendments Act of 1988. The terms handicapped, mental illness and developmental disability shall not include current illegal use or addiction to a controlled substance as defined in Sect. 54.1-3401 of the Code of Virginia or as defined in Sect. 102 of the Controlled Substance Act (21 U.S.C. 802).
For the purpose of this Ordinance, a group residential facility shall not be deemed a group housekeeping unit, or ASSISTED LIVING FACILITY and a dwelling unit or facility for more than four (4) persons who do not meet the criteria set forth above or for more than eight (8) handicapped, mentally ill, intellectually disabled or developmentally disabled persons shall be deemed a CONGREGATE LIVING FACILITY.

Applicable Zoning Regulations:
Section 2-502 sets forth that any dwelling unit (of any kind, multiple-family, detached or attached) may be occupied by a group residential facility as a by-right use.

Additional Standards/Use Limitations:
None specified.
Parking would be required based on the type of dwelling unit: 2 spaces for a detached dwelling, 2.3 spaces for an attached dwelling and 1.6 spaces for a multiple family dwelling.

4. GROUP HOUSEKEEPING UNIT

Section 2-502 provides for "any group housekeeping unit which may consist of not more than ten (10) persons as may be approved by the BZA in accordance with the provisions of Part 3 of Article 8. This use is basically for an increase the maximum number of persons identified in any of the occupancy limits of Section 2-502.

5. INDEPENDENT LIVING FACILITY (includes the Low-Income Subset)

Defined:
A residential development that is limited to occupancy by elderly persons and/or by persons with handicaps, as defined in the Federal Fair Housing Amendments Act of 1988. Such a facility shall provide: (a) dwelling units with complete kitchen facilities, (b) supportive services, such as meals, personal emergency response systems, recreation and transportation services, and (c) design features, such as wider doorways and hallways, accessible-ready bathrooms and lower light switches.

Applicable Zoning Regulations:
An independent living facility is typically a Category 3, Quasi-Public Use, Special exception use.
Use permitted by right in the P-Districts when shown on an approved development plan
Use is permitted by special exception in the R-E through R-MHP Residential Districts,

and C-1 through C-4 Commercial Districts
Parking is 1 space per 4 units, plus 1 space per employee

Additional Standards/Use Limitations:

1. Housing and general care shall be provided only for persons who are sixty-two (62) years of age or over, couples where either the husband or wife is sixty-two (62) years of age or over and/or persons with handicaps (disabilities), as defined in the Federal Fair Housing Act Amendments of 1988, who are eighteen (18) years of age or older and with a spouse, if any. In addition, any dwelling unit within the facility may include a live-in aide. For the purposes of this Section, a live-in aide is any person who meets the definition set forth in the U.S. Department of Housing and Urban Development (HUD) regulations, Article 24, of the Code of Federal Regulations, Section CFR 5.403 and 982.316, and is further subject to Public and Indian Housing Notices PIH 2008-20 and 2009-22, and any future applicable notices issued by HUD.

   An independent living facility may also provide for a resident care provider(s), subject to the provisions of this Section. A resident care provider is any person who lives in a separate dwelling unit within the independent living facility, who provides services that are determined to be essential to the care and well-being of one or more elderly or disabled persons living within the same facility and is further subject to the provisions of this Section.

   The owner/manager of the facility shall be responsible for ensuring compliance with this occupancy criterion and shall, upon specific request by the Zoning Administrator, provide a copy of the document(s) used to verify occupancy qualifications of residents, live-in aides, and/or care providers.

2. The Board specifically shall find that applications under this Section adequately and satisfactorily take into account the needs of elderly persons and/or persons with handicaps (disabilities) for transportation, shopping, health, recreational and other similar such facilities and shall consider any specific facility maintenance and operating requirements to ensure that the facility meets the needs of the residents and is compatible with the neighborhood. The Board shall impose such reasonable conditions upon any exception granted as may be necessary or expedient to insure provisions of such facilities.

3. The Board shall find that such development shall be compatible with the surrounding neighborhood, shall not adversely affect the health or safety of persons residing or working in the neighborhood of the proposed use and shall not be detrimental to the public welfare or injurious to property or improvements in the neighborhood.

4. To assist in assessing whether the overall intensity of the proposed use is consistent with the scale of the surrounding neighborhood, the total gross floor area, including the dwelling unit area and all non-dwelling unit areas, the floor area ratio and the number of dwelling units shall be shown on the plat submitted with the application.

5. No such use shall be established except on a parcel of land fronting on, and with direct access to, a collector street or major thoroughfare.

6. The density of such use shall be based upon the density of the land use recommendation set forth in the adopted comprehensive plan and as further modified by the corresponding multiplier and open space requirements set forth in the schedule provided below. Where the adopted comprehensive plan does not specify a density range in terms of dwelling units per acre, the density range shall be determined in accordance with Sect. 2-804. A minimum of fifteen (15) percent of the total number of dwelling units shall be Affordable Dwelling Units

(ADUs). When 100 percent of the dwelling units are ADUs, the total number of units should be calculated using the high end of the residential density range as set forth in the adopted comprehensive plan plus the addition of a twenty (20) percent density bonus. All ADUs shall be administered in accordance with the provisions of Part 8 of Article 2. When not less than seventy (70) percent of the dwelling units are to be provided for those residents whose annual household income is not more than fifty (50) percent of the median income for the Washington Metropolitan Statistical Area (WMSA) and not more than thirty (30) percent of the dwelling units are provided for residents whose annual income is not more than seventy (70) percent of the median income for the WMSA, Part 8 of Article 2 shall not be applicable and the total number of units may be calculated using the high end of the residential density range, as set forth in the adopted comprehensive plan, plus the addition of a twenty-five (25) percent density bonus.

Comprehensive Plan Residential Density	Maximum Number of Units Per Acre*	Required Open Space
0.2 unit per acre	not to exceed 5 times unit per acre	75%
0.5 unit per acre	4 times unit(s) per acre	70%
1 unit per acre	" "	65%
2 units per acre	" "	60%
3 units per acre	" "	55%
4 units per acre	" "	50%
5 units per acre	" "	35%
8 units per acre	" "	25%
12 units per acre or more	" "	35%
PRC District	In accordance with an approved Development Plan	

*Excluding nursing facilities and assisted living facilities

7. Independent living facilities may include assisted living facilities and skilled nursing facilities designed solely for the residents as an accessory use.

8. All facilities of the development shall be solely for the use of the residents, employees and invited guests, but not for the general public.

9. In residential districts, the maximum building height shall be 50 feet, except that the maximum building height shall be 35 feet when the structure is designed to look like a single family detached dwelling and utilizes the applicable residential district minimum yard requirements, as set forth below, subject to further limitations by the Board to ensure neighborhood compatibility. For independent living facilities in commercial districts the maximum building height shall be as set forth in the district in which they are located.

10. For independent living units that are located in a structure designed to look like a single family detached dwelling unit and is located in the R-E through R-8 Districts, the Board may permit compliance with the applicable single family detached minimum yard requirements of the zoning district in which located. For independent living facilities located in any other structure or district, the minimum front, side and rear yard requirements shall be as follows:

    A. Where the yard abuts or is across a street from an area adopted in the comprehensive plan for 0.2 to 8 dwelling units per acre - 50 feet.

B. Where the yard abuts or is across a street from an area adopted in the comprehensive plan for a residential use having a density greater than 8 dwelling units per acre or any commercial, office or industrial use - 30 feet.

In any event, the Board may modify such yard requirements to ensure compatibility with the surrounding neighborhood.

11. Transitional screening shall be provided in accordance with the provisions of Article 13, and for the purpose of that Article, an independent living facility shall be deemed a multiple family dwelling.

12. The provisions of Par. 6 above shall not be applicable to proffered rezoning and approved special exception applications or amendments thereto approved prior to May 20, 2003 or for special exception applications approved prior to May 20, 2003 for which a request for additional time to commence construction is subsequently requested in accordance with Sect. 9-015. Additionally, Par. 6 above shall not be applicable, unless requested by the applicant to rezoning and special exception amendment applications filed on or after May 20, 2003, which propose no increase in density over the previously approved density.

13. Live-in aides, as defined in Par. 1 above, shall not be subject to the income limitations and/or the age/disability occupancy requirements set forth in this Section. For the purposes of this Section, the "annual household income" shall not include the income of any live-in aide when determining the eligibility of the qualified resident.

14. Resident care providers, as defined in Par. 1 above, may be provided in independent living facilities located in single family attached units or multiple family dwelling unit buildings, limited to not more than twenty-five (25) percent of the total number of dwelling units within the facility. Such resident care providers shall not be subject to the income limitations and/or age/disability occupancy requirements set forth in this Section; however, rental occupancy shall be limited to a maximum six (6) month term, subject to renewal for additional six (6) month maximum terms upon confirmation that the care provider continues to provide services to the primary resident(s) of the development. At such time that it is determined that an individual is no longer providing care services to a resident, such individual shall vacate the rental unit at the end of the lease term.

15. For independent living facilities for low income tenants in which not less than seventy (70) percent of the dwelling units are to be provided for those residents whose annual household income is not more than fifty (50) percent of the median income for the Washington Metropolitan Statistical Area (WMSA) and not more than thirty (30) percent of the dwelling units are provided for residents whose annual income is not more than seventy (70) percent of the median income for the WMSA, the following additional standards shall also apply:

A. All occupancy shall be on a rental basis only. Maximum rental prices shall be established in accordance with the following formula, based on the appropriate median income for the WMSA. The base figure shall be adjusted by the following factors for different dwelling unit sizes based on bedroom count:

Number of Bedrooms	Adjustment Factor
0 bedrooms (efficiency/studio)	70%
1 bedroom	85%
2 or more bedrooms	100%

The result of this calculation for each size dwelling unit shall then be divided by twelve (12), then multiplied by twenty-five (25) percent and rounded to the nearest whole number to establish the maximum rent for the unit, which may or may not include utilities, at the developer's option. Resident care provider units shall not be subject to this calculation.
Initial lease terms shall be for not less than six (6) months and not more than one (1) year. Renewal terms may be on a month-to-month or other time basis, but shall not be longer than one (1) year for each renewal period.

B. The owner or manager shall monitor the income level of tenants at the time of initiation and renewal of any lease term and shall establish that any live-in aide or resident care provider continues to meet the applicable requirements of this Section. The results of such monitoring shall be provided to the Zoning Administrator on an annual basis to assure on-going compliance with the tenancy and income limits. Such report shall include the dwelling unit number/address, date of lease renewal, term of lease renewal, and tenant's income. Should a tenant become over-qualified with regard to income at any time during a lease term, such tenant shall vacate the unit at the end of the lease term in effect at the time of such over-qualification or within nine (9) months of such over-qualification, whichever time period is longer.

C. Prior to the issuance of the first Residential Use Permit for any unit in the independent living facility, the owner shall record a covenant, on a form provided and approved by the Fairfax County Department of Housing and Community Development, to address at a minimum the income limitations; rental price restrictions; the perpetuity of such controls; and any other relevant limits that are imposed by the Board.

Such independent living facilities for low income residents shall not be subject to Part 8 of Article 2 of the Zoning Ordinance, the ADU Program, nor shall they be subject to the Board's policy for Workforce Dwelling Units.

6. MEDICAL CARE FACILITY

Defined:
Any institution, place, building, or agency, whether or not licensed or required to be licensed by the State Board of Health or the State Hospital Board, by or in which facilities are maintained, furnished, conducted, operated, or offered for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, whether medical or surgical, of two (2) or more non-related mentally or physically sick or injured persons, or for the care of two (2) or more non-related persons requiring or receiving medical, surgical or nursing attention or service as acute, chronic, convalescent, aged, physically disabled, or crippled; including but not limited to general hospitals, sanatorium, sanitarium, assisted living facility, nursing home, intermediate care facility, extended care facility, mental hospital, mental retardation facility, medical schools and other related institutions and facilities, whether operated for profit or nonprofit, and whether privately owned or operated by a local government unit. This term shall not include a physician's office, first aid station for emergency medical or surgical treatment, medical laboratory, CONGREGATE LIVING FACILITY, GROUP RESIDENTIAL FACILITY, or INDEPENDENT LIVING FACILITY.

Applicable Zoning Regulations:

The medical care facility use is typically a Category 3, Quasi-Public Use Special Exception

Use is permitted by right in all P-Districts when shown on an approved development plan

Use is permitted by special exception in the R-E through R-MHP Residential Districts, the C-1 through C-9 Commercial Districts, and the I-1 through I06 Industrial Districts.

The use would be regulated by the floor area ratio maximum specified for the district.

Parking varies based on the specific use proposed, but hospitals require 2.9 spaces per bed licensed by the Commonwealth of Virginia, plus additional or fewer spaces as deemed necessary based on specific analysis for each site and institution providing Intensive Special Medical/Mental Care requires 1 space per 2 patients and 1 space per employee

Additional Standards/Use Limitations:

1. In its development of a recommendation and report as required by Par. 3 of Sect. 303 above, the Health Care Advisory Board shall, in addition to information from the applicant, solicit information and comment from such providers and consumers of health services, or organizations representing such providers or consumers and health planning organizations, as may seem appropriate, provided that neither said Board nor the Board of Supervisors shall be bound by any such information or comment. The Health Care Advisory Board may hold such hearing or hearings as may seem appropriate, and may request of the Board of Supervisors such deferrals of Board action as may be reasonably necessary to accumulate information upon which to base a recommendation.

2. The Advisory Board, in making its recommendations, and the Board of Supervisors, in deciding on the issuance of such an exception, shall specifically consider whether or not:
   A. There is a demonstrated need for the proposed facility, in the location, at the time, and in the configuration proposed. Such consideration shall take into account alternative facilities and/or services in existence or approved for construction, and the present and projected utilization of specialized treatment equipment available to persons proposed to be served by the applicant.
   B. Any proposed specialized treatment or care facility has or can provide for a working relationship with a general hospital sufficiently close to ensure availability of a full range of diagnostic and treatment services.
   C. The proposed facility will contribute to, and not divert or subvert, implementation of a plan for comprehensive health care for the area proposed to be served; such consideration shall take into account the experience of the applicant, the financial resources available and projected for project support and operation, and the nature and qualifications of the proposed staffing of the facility.

3. All such uses shall be designed to accommodate service vehicles with access to the building at a side or rear entrance.

4. No freestanding nursing facility shall be established except on a parcel of land fronting on, and with direct access to, an existing or planned collector or arterial street as defined in the adopted comprehensive plan.

5. No building shall be located closer than 45 feet to any street line or closer than 100 feet to any lot line which abuts an R-A through R-4 District.

6. In the R-E through R-5 Districts, no such use shall be located on a lot containing less than five (5) acres.

7. For hospitals, the Board of Supervisors may approve additional on-site signs when it is determined, based on the size and nature of the hospital, that additional signs are necessary in order to provide needed information to the public and that such signs will not have an adverse impact on adjacent properties. All proposed signs shall be subject to the maximum area and height limitations for hospital signs set forth in Article 12. All requests shall show the location, size, height and number of all signs, as well as the information to be displayed on the signs.

7. ACCESSORY DWELLING UNIT

Applicable Zoning Regulations:
Permitted as a Group 9 Special Permit Use, Uses Requiring Special Regulation
Permitted by Special Permit in the R-A through R-8 and all Planned Development Districts

8-918 Additional Standards for Accessory Dwelling Units

As established by the Fairfax County Board of Supervisors' Policy on Accessory Dwelling Units (Appendix 5), the BZA may approve a special permit for the establishment of an accessory dwelling unit with a single family detached dwelling unit but only in accordance with the following conditions:

1. Accessory dwelling units shall only be permitted in association with a single family detached dwelling unit and there shall be no more than one accessory dwelling unit per single family detached dwelling unit.
2. Except on lots two (2) acres or larger, an accessory dwelling unit shall be located within the structure of a single family detached dwelling unit. Any added external entrances for the accessory dwelling unit shall be located on the side or rear of the structure.
   On lots two (2) acres or greater in area, an accessory dwelling unit may be located within the structure of a single family detached dwelling unit or within a freestanding accessory structure.
3. The gross floor area of the accessory dwelling unit shall not exceed thirty-five (35) percent of the total gross floor area of the principal dwelling unit. When the accessory dwelling unit is located in a freestanding accessory structure, the gross floor area of the accessory dwelling unit shall not exceed thirty-five (35) percent of the gross floor area of the accessory freestanding structure and the principal dwelling unit.
4. The accessory dwelling unit shall contain not more than two (2) bedrooms.
5. The occupancy of the accessory dwelling unit and the principal dwelling unit shall be in accordance with the following:
   A. One of the dwelling units shall be owner occupied.
   B. One of the dwelling units shall be occupied by a person or persons who qualify as elderly and/or disabled as specified below:
      (1) Any person fifty-five (55) years of age or over and/or
      (2) Any person permanently and totally disabled. If the application is made in reference to a person because of permanent and total disability, the application shall be accompanied by a certification by the Social Security Administration, the Veterans Administration or the Railroad Retirement Board. If such person is not eligible for certification by any of these agencies, there shall be submitted a written declaration signed by two (2) medical doctors licensed to practice medicine, to the effect that such person is permanently and totally disabled. The written statement of at least one of the doctors shall be based upon a physical examination of the person by the doctor. One of the doctors may submit a written statement based upon medical information contained

in the records of the Civil Service Commission which is relevant to the standards for determining permanent and total disability.

For purposes of this Section, a person shall be considered permanently and totally disabled if such person is certified as required by this Section as unable to engage in any substantial gainful activity by reasons of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of the person's life.

C. The accessory dwelling unit may be occupied by not more than two (2) persons not necessarily related by blood or marriage. The principal single family dwelling unit may be occupied by not more than one (1) of the following:

(1) One (1) family, which consists of one (1) person or two (2) or more persons related by blood or marriage and with any number of natural children, foster children, step children or adopted children.

(2) A group of not more than four (4) persons not necessarily related by blood or marriage.

6. Any accessory dwelling unit established for occupancy by a disabled person shall provide for reasonable access and mobility as required for the disabled person. The measures for reasonable access and mobility shall be specified in the application for special permit. Generally, reasonable access and mobility for physically disabled persons shall include:
   A. Uninterrupted access to one (1) entrance; and
   B. Accessibility and usability of one (1) toilet room.
7. The BZA shall review all existing and/or proposed parking to determine if such parking is sufficient to meet the needs of the principal and accessory dwelling units. If it is determined that such parking is insufficient, the BZA may require the provision of one (1) or more off-street parking spaces. Such parking shall be in addition to the requirements specified in Article 11 for a single family dwelling unit.
8. The BZA shall determine that the proposed accessory dwelling unit together with any other accessory dwelling unit(s) within the area will not constitute sufficient change to modify or disrupt the predominant character of the neighborhood. In no instance shall the approval of a special permit for an accessory dwelling unit be deemed a subdivision of the principal dwelling unit or lot.
9. Any accessory dwelling unit shall meet the applicable regulations for building, safety, health and sanitation.
10. Upon the approval of a special permit, the Clerk to the Board of Zoning Appeals shall cause to be recorded among the land records of Fairfax County a copy of the BZA's approval, including all accompanying conditions. Said resolution shall contain a description of the subject property and shall be indexed in the Grantor Index in the name of the property owners.
11. The owner shall make provisions to allow inspections of the property by County personnel during reasonable hours upon prior notice.
12. Special permits for accessory dwelling units shall be approved for a period not to exceed five (5) years from the date of approval; provided, however, that such special permits may be extended for succeeding five (5) year periods in accordance with the provisions of Sect. 012 above.
13. Notwithstanding Par. 5 of Sect. 9-012, any accessory dwelling unit approved prior to July 27, 1987 and currently valid may be extended in accordance with the provisions of this Section and Sect. 012 above.

8. BY-RIGHT OCCUPANCY OF ANY DWELLING UNIT

Article 2 of the Zoning Ordinance sets forth the types of groups who can occupy any dwelling unit in the County. Those groups are as follows:

2-502 Limitation on the Occupancy of a Dwelling Unit

A dwelling unit, except an accessory dwelling unit which shall be subject to the provisions of Part 9 of Article 8, may be occupied by not more than one (1) of the following:

1. One (1) family, which may consist of one (1) person or two (2) or more persons related by blood or marriage with any number of natural children, foster children, step children or adopted children and with not to exceed two (2) roomers or boarders as permitted by Article 10.

2. Two (2) single parents or guardians with not more than a total of six (6) of their dependent children, including natural children, foster children, step children or adopted children, functioning as a single housekeeping unit.

3. A group of not more than four (4) persons not necessarily related by blood or marriage functioning as a single housekeeping unit.

4. A group residential facility.

5. Any group housekeeping unit which may consist of not more than ten (10) persons as may be approved by the BZA in accordance with the provisions of Part 3 of Article 8.

6. One (1) person or two (2) persons one of whom shall be elderly and/or disabled as defined in Sect. 8-918, and one (1) or both of whom own the dwelling unit, plus one (1) family, which may consist of one (1) person or two (2) or more persons related by blood or marriage, and with any number of natural children, foster children, step children or adopted children.

7. A bed and breakfast, as may be approved by the Board of Supervisors in accordance with the provisions of Part 5 of Article 9.